Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

	·											
		CLAIMS		S FILED - PART I				SMALL ENTITY				R THAN
TOTAL CLAIMS			117	17		(Column 2)		TYPE		OF	<u> </u>	LENTITY
FOR			1 1	NUMBER FILED		AULADED EVEDA		RATE	FEE	⊣`	RATE.	FEE
			I T	17		NUMBER EXTRA		BASIC FE	E 385.0	OF	BASIC FE	E 770.00
TOTAL CHARGEABLE CLAIMS			111	minus 20=		•		XS 9=		OF	XS18=	
INDEPENDENT CLAIMS) minus 3 =		· 2]	X43=		OR	X86=	
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT	RESENT				+145=		7		
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL	 	OR		
CLAIMS AS AMENDED - PART II								IOIAL		OR		
•		(Column 1)		(Column 2)			ı	SMALL	ENTITY	OR	SMALL	R THAN ENTITY
AMENDMENT A	·	CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	7 1	RATE	ADDI- TIONAL FEE	7	RATE	ADDI-
		AFTER AMENDMENT		PREVIO PAID F		EXTRA						TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									7		
1-9 10-14-17							L	+145=		OR	+290=	
	•					•	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	L
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER		NUMBI	ER	PRESENT EXTRA		RATE	ADDI- TIONAL	1 1	RATE	ADDI- TIONAL
		AMENDMENT		PAID F		EXTRA			FEE	1 1	HAIL	FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	٠.
A M	Independent	*	Minus	***		=		X43=	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	LAIM			1.5	·	1 1		
							L	+145= TOTAL		OR	+290=	
								DOIT FEE	:	OR A	TOTAL ODIT. FEE	
$\overline{}$		(Column 1) CLAIMS		(Column		(Column 3)	٠.	•	•	·		
A THE PROPERTY OF		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA			ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	ndependent		Minus	***		=	\vdash	X43=				
	IRST PRESE	-	A43=		OR	X86=						
įį ·	he entry in colum	n 1 ic loce than the					1	145=		OR	+290=	
- 11 (If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL ODIT, FEE	
Tr	e *Highest Numb	per Previously Paid per Previously Paid	For (Total or	o opace is le Independent)	ss than is the h	3, enter "3." lighest number i		in the appro	priate box	•		
								•	•	٠.,		